

Case Number:	CM14-0200977		
Date Assigned:	12/11/2014	Date of Injury:	10/21/2005
Decision Date:	03/06/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/01/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 48 year old female reportedly sustained a work related injury on October 21, 2005. Diagnoses include epicondylitis left elbow, left carpal tunnel syndrome and osteoarthritis left hand. Therapies include hot and cold packs and manual therapy. Progress report dated July 6, 2014 reveals increased pain with numbness and tingling of left upper extremity. Physical exam noted no acute distress, positive carpal tunnel provocative test, ulnar grind and localized pain. It is documented the injured worker has not favorably responded to anti-inflammatory medication or bracing. Voltaren was initiated. Physical therapy visit number 4 of 4 dated August 8, 2014 provides the injured worker complains of pain rated 7/10 and mentions medical doctor's plan for magnetic resonance imaging (MRI), electromyogram and possible surgeries. The injured worker will continue home exercise program and is not working. On November 11, 2014 utilization review denied a request received October 29, 2014 for magnetic resonance imaging (MRI) of left elbow. Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG) were cited in the determination. Application for independent medical review (IMR) is dated November 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI of The Left Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Elbow section, MRI

Decision rationale: Pursuant to the Official Disability Guidelines, MRI left elbow is not medically necessary. MRI may provide important diagnostic information for evaluating the adult elbow in conditions including collateral ligament injury, epicondylitis, injury to the biceps and triceps tendons, abnormality of the ulnar, radial or median nerve and for masses about the elbow joint. Epicondylitis (tennis elbow) as a common clinical diagnosis and MRI is usually not necessary. MRI may be useful for confirmation of diagnosis in refractory cases and to exclude associated tendon and ligament tear. The indications for MRI are enumerated in the Official Disability Guidelines. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the request for authorization is October 29, 2014. The most recent progress note in the medical records dated July 6, 2014. The injured worker's working diagnoses are sprain of left wrist; spring of the left shoulder; and status post left shoulder arthroscopic surgery. Subjectively, there is numbness and tingling in the hands. The injured worker has been using braces. There is no documentation with subjective complaints referencing the elbow. Objectively carpal tunnel provocative test was positive. There were no findings referable to the left elbow. Consequently, absent clinical documentation referencing the left elbow, MRI left elbow is not medically necessary.